

NOTIFICATION DATE	RELEASE DATE
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## NOTIFICATION OF SEX OFFENDER RELEASE

RISK LEVEL ☐ I ☐ II ☐ III ☐ Current offense is not a sex offense  
(CHECK ONE)

THIS DOCUMENT IS FOR LAW ENFORCEMENT NOTIFICATION ONLY. DSHS BULLETINS ARE NOT TO BE POSTED IN THE COMMUNITY OR DISTRIBUTED TO THE PUBLIC.

TO: ☐ Chief of Police, City of \_\_\_\_\_  
☐ Sheriff, County of \_\_\_\_\_  
☐ Tribal Law Enforcement Agency(s) \_\_\_\_\_

FROM: Department of Social and Health Services, \_\_\_\_\_  
RELEASING FACILITY

\_\_\_\_\_  
CONTACT PERSON TELEPHONE NUMBER (INCLUDE AREA CODE)

\_\_\_\_\_  
RELEASE/PLACEMENT ADDRESS

SUBJECT: \_\_\_\_\_  
OFFENDER'S NAME DSHS NUMBER AGE

CURRENT  
OFFENSE: \_\_\_\_\_  
\_\_\_\_\_

RELEASE TYPE: ☐ Discharge/release ☐ Conditional release ☐ Parole  
☐ Transfer to community placement ☐ Authorized leave ☐ Escape (follow-up information)  
☐ Release to a less restrictive setting ☐ Furlough ☐ Expiration of sentence  
☐ Other (specify): \_\_\_\_\_

### OFFENDER INFORMATION

PHOTO

OFFENDER INFORMATION (CONTINUED)									
NAME				DSHS IDENTIFICATION NUMBER			SOCIAL SECURITY NUMBER		
STATE ID NUMBER		JRA NUMBER		SCC NUMBER		FBI NUMBER		DOC NUMBER	
ALIASES									
OFFENSE/CRIME REQUIRING NOTIFICATION									
COUNTY					CAUSE NUMBER				
PHYSICAL DESCRIPTION	DATE OF BIRTH	AGE	EYES	HAIR	HEIGHT	WEIGHT	GENDER	RACE	
	TATTOOS/SCARS			OTHER					

OFFENSE HISTORY: List the offender's complete offense history.

DESCRIPTION OF SEXUAL OFFENSE(S): Describe the sexual offenses, include offense type, modus operandi, age of victim(s), method of victim selection or acquisition, level of force used, weapon type (if any). Other information that may be pertinent to law enforcement officers. Identify victims by gender and age only.

ADDITIONAL INFORMATION: Any additional information involving criminal behavior (include length of parole supervision).

COMMENTS: Include treatment history, lack of treatment history and describe any relevant mental health history. FOR JUVENILES, DO NOT INCLUDE DIAGNOSIS: Note psychological/psychiatric evaluations, deviancy evaluations and/or sex offender treatment summaries. Note the offender's current participation or lack of recommended treatment. Note special concerns such as current threats toward victims or potential victims.

RISK LEVEL JUSTIFICATION: Explain why offender received risk level classification score. Explain any other notification considerations.

PERSON COMPLETING FORM	TELEPHONE NUMBER (INCLUDE AREA CODE)
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